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Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

Choice PPO network offers access to over 350,000 dentists nationally.^{1,3}

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

Elite PPO and Elite ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

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Eligibility and claim information are available for members, benefit administrators and dentists.

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¹ Dominion National Internal Performance Report, 2022.

² Networks and products vary by state. Check availability on your state marketplace.

³ Participating providers are subject to change.

⁴ Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

⁵ Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").



Select Plan Premium Kids 706s (PA) Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

- Coverage continues through end of the year in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
D0120	Office visit	0	D0701	Panoramic radiographic image – image capture only	0
D0140	Periodic oral eval - established patient	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0145	Limited oral eval - problem focused	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0
D0150	Oral eval for a patient under 3 years of age	0	D0705	Extra-oral posterior dental radiographic image – image capture only	0
D0160	Comprehensive oral eval - new or established patient	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0170	Detailed and extensive oral eval - problem focused ...	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0180	Re-evaluation - limited, problem focused	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0210	Comp. periodontal eval - new or established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only	0
D0220	Intraoral – intraoperative first radiographic image	0	D1110	Prophylaxis (cleaning) - adult	0
D0230	Intraoral – intraoperative each add. radiographic image ...	0	D1120	Prophylaxis (cleaning) - child	0
D0240	Intraoral - occlusal radiographic image	0	D1206	Topical application of fluoride varnish	0
D0250	Extra-oral - 2D projection radiographic image	0	D1208	Topical application of fluoride - excluding varnish	0
D0270	Bitewing - single radiographic image	0	D1310	Nutritional counseling for control of dental disease ..	0
D0272	Bitewings - two radiographic images	0	D1320	Tobacco counseling for control of prev. oral disease ..	0
D0273	Bitewings - three radiographic images	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0274	Bitewings - four radiographic images	0	D1330	Oral hygiene instructions	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D1351	Sealant - per tooth	0
D0330	Panoramic radiographic image	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ..	0
D0340	2D cephalometric radiographic image	0	D1354	Application of caries arresting medicament - per tooth	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1355	Caries preventive medicament application – per tooth	0
D0372	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1510	Space maintainer - fixed, unilateral - per quadrant	0
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0374	Intraoral tomosynthesis – bitewing radiographic image	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0388	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1526	Space maintainer - removable - bilateral, maxillary ..	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1527	Space maintainer - removable - bilateral, mandibular ..	0
D0391	Interpretation of diagnostic image only	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0460	Pulp vitality tests	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0470	Diagnostic casts	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0
D0601	Caries risk assessment and documentation, with a finding of low risk	0	Restorative (Fillings)		
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D2140	Amalgam - one surface, prim. or perm.	21
D0603	Caries risk assessment and documentation, with a finding of high risk	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
D2150	Amalgam - two surfaces, prim. or perm.	26	D2981	Inlay repair necessitated by restorative material failure	51	
D2160	Amalgam - three surfaces, prim. or perm.	32	D2982	Onlay repair necessitated by restorative material failure	51	
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2983	Veneer repair necessitated by restorative material failure	51	
D2330	Resin-based composite - one surface, anterior	35	D2990	Resin infiltration lesion	21	
D2331	Resin-based composite - two surfaces, anterior	42	Endodontics¹			
D2332	Resin-based composite - three surfaces, anterior	50	D3110	Pulp cap - direct (excl. final restoration)	16	
D2335	Resin-based composite - >=4 surfaces, anterior	60	D3120	Pulp cap - indirect (excl. final restoration)	16	
D2390	Resin-based composite crown, anterior	96	D3220	Therapeutic pulpotomy (excl. final restor.)	41	
D2391	Resin-based composite - one surface, posterior	37	D3221	Pulpal debridement, prim. and perm. teeth	47	
D2392	Resin-based composite - two surfaces, posterior	44	D3222	Partial pulpotomy for apexogenesis	80	
D2393	Resin-based composite - three surfaces, posterior	51	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80	
D2394	Resin-based composite - >=4 surfaces, posterior	62	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82	
Crown & Bridge						
D2510	Inlay- metallic - one surface	204	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171	
D2520	Inlay- metallic - two surfaces	204	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	
D2530	Inlay - metallic - three or more surfaces	213	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	
D2542	Onlay - metallic-two surfaces	229	D3333	Internal root repair of perforation defects	53	
D2543	Onlay - metallic - three surfaces	262	D3346	Retreat of prev. root canal therapy, anterior	194	
D2544	Onlay - metallic - four or more surfaces	262	D3347	Retreat of prev. root canal therapy - premolar	233	
D2610	Inlay - porcelain/ceramic - one surface	214	D3348	Retreat of prev. root canal therapy, molar	279	
D2620	Inlay - porcelain/ceramic - two surfaces	214	D3351	Apexification/recalcification - initial visit	101	
D2630	Inlay - porcelain/ceramic - >=3 surfaces	223	D3352	Apexification/recalcification - interim med. repl.	295	
D2642	Onlay - porcelain/ceramic - two surfaces	240	D3353	Apexification/recalcification - final visit	225	
D2643	Onlay - porcelain/ceramic - three surfaces	250	D3355	Pulpal regeneration - initial visit	101	
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3356	Pulpal regeneration - interim medication replacement	295	
D2650	Inlay - resin-based composite - one surface	220	D3357	Pulpal regeneration - completion of treatment	225	
D2651	Inlay - resin-based composite - two surfaces	220	D3410	Apicoectomy - anterior	162	
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3421	Apicoectomy - premolar (first root)	182	
D2662	Onlay - resin-based composite - two surfaces	222	D3425	Apicoectomy - molar (first root)	209	
D2663	Onlay - resin-based composite - three surfaces	222	D3426	Apicoectomy (each add. root)	76	
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3430	Retrograde filling - per root	60	
D2710	Crown - resin based composite (indirect)	136	D3450	Root amputation - per root	117	
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3471	Surgical repair of root resorption - anterior	162	
D2720	Crown - resin with high noble metal	248	D3472	Surgical repair of root resorption - premolar	182	
D2721	Crown - resin with predominantly base metal	248	D3473	Surgical repair of root resorption - molar	209	
D2722	Crown - resin with noble metal	248	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior ..	162	
D2740	Crown - porcelain/ceramic	280	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar ..	182	
D2750	Crown - porcelain fused to high noble metal	262	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.....	209	
D2751	Crown - porcelain fused to predominantly base metal	262	D3920	Hemisection, not inc. root canal therapy	117	
D2752	Crown - porcelain fused to noble metal	262	D3921	Decoronation or submergence of an erupted tooth ..	100	
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3950	Canal prep/fitting of preformed dowel or post	68	
D2780	Crown - 3/4 cast high noble metal	239	Periodontics¹			
D2781	Crown - 3/4 cast predominantly base metal	239	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	
D2782	Crown - 3/4 cast noble metal	239	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	50	
D2783	Crown - 3/4 porcelain/ceramic	256	D4212	Gingivectomy or gingivoplasty, rest., per tooth	20	
D2790	Crown - full cast high noble metal	248	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	173	
D2791	Crown - full cast predominantly base metal	248	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	53	
D2792	Crown - full cast noble metal	248	D4249	Clinical crown lengthening - hard tissue	288	
D2794	Crown - titanium and titanium alloys	248	D4260	Osseous surgery - >3 cont. teeth, per quad	250	
D2910	Recement inlay	22	D4261	Osseous surgery - <=3 cont. teeth, per quad	196	
D2920	Recement crown	22	D4268	Surgical revision proc., per tooth	179	
D2928	Prefab. porcelain/ceramic crown – permanent tooth	280	D4270	Pedicle soft tissue graft procedure	322	
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4273	Autogenous connective tissue graft proc.	400	
D2930	Prefab. stainless steel crown - prim. tooth	55	D4274	Mesial/distal wedge procedure, single tooth	154	
D2931	Prefab. stainless steel crown - perm. tooth	61				
D2932	Prefabricated resin crown	70				
D2940	Protective restoration	20				
D2941	Interim therapeutic restoration, primary dentition	16				
D2949	Restorative foundation for an indirect restoration	0				
D2950	Core buildup, including any pins	63				
D2951	Pin retention - per tooth, in addition to restoration ...	11				
D2952	Post and core in addition to crown	93				
D2954	Prefab. post and core in addition to crown	77				
D2955	Post removal (not in conj. with endo. therapy)	53				
D2970	Temporary crown (fractured tooth)	0				
D2980	Crown repair necessitated by restorative material failure	51				

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D4277	Free soft tissue graft, per tooth	327	D5740	Reline maxillary partial denture (direct)	78			
D4278	Free soft tissue graft, each add. tooth	50	D5741	Reline mandibular partial denture (direct)	78			
D4286	Removal of non-resorbable barrier	90	D5750	Reline complete maxillary denture (indirect)	112			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5751	Reline complete mandibular denture (indirect)	112			
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32	D5760	Reline maxillary partial denture (indirect)	112			
D4346	caling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5761	Reline mandibular partial denture (indirect)	112			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45	D5765	Soft liner for complete or partial removable denture – indirect	50			
D4381	Localized delivery of antimicrobial agents	49	D5810	Interim complete denture - maxillary	181			
D4910	Periodontal maintenance	37	D5811	Interim complete denture - mandibular	181			
D4921	Gingival irrigation with a medicinal agent – per quadrant	0	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181			
Prosthetics (Dentures)								
D5110	Complete denture - maxillary	349	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181			
D5120	Complete denture - mandibular	349	D5850	Tissue conditioning - maxillary	40			
D5130	Immediate denture - maxillary	361	D5851	Tissue conditioning - mandibular	40			
D5140	Immediate denture - mandibular	361	Implant Services					
D5211	Maxillary partial denture - resin base	325	D6010	Surgical placement of implant body, endosteal	858			
D5212	Mandibular partial denture - resin base	325	D6011	Second stage implant surgery	100			
D5213	Maxillary partial denture - cast metal	375	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	891			
D5214	Mandibular partial denture - cast metal	375	D6013	Surgical placement of mini implant	286			
D5221	Immediate maxillary partial denture - resin base	325	D6040	Surgical placement, eposteal implant	1782			
D5222	Immediate mandibular partial denture - resin base ...	325	D6050	Surgical placement, transosteal implant	2228			
D5223	Immediate maxillary partial denture - cast metal	375	D6055	Dental implant supported connecting bar	806			
D5224	Immediate mandibular partial denture - cast metal ..	375	D6056	Prefabricated abutment	228			
D5225	Maxillary partial denture - flexible base	375	D6058	Abutment supported porcelain/ceramic crown	280			
D5226	Mandibular partial denture - flexible base	375	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375	D6061	Abutment supported porcelain fused to metal crown - noble metal	262			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210	D6062	Abutment supported cast metal crown - high noble metal	248			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6063	Abutment supported cast metal crown - predominantly based metal	248			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6064	Abutment supported cast metal crown - noble metal	248			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	210	D6065	Implant supported porcelain/ceramic crown	280			
D5410	Adjust complete denture - maxillary	19	D6066	Implant supported crown – porcelain fused to high noble metal alloys	262			
D5411	Adjust complete denture - mandibular	19	D6067	Implant supported crown – high noble metal alloys ..	262			
D5421	Adjust partial denture - maxillary	19	D6068	Abutment supp. retainer for porc/ceramic FPD	394			
D5422	Adjust partial denture - mandibular	19	D6069	Abutment supp. retainer for porc/high noble FPD	422			
D5511	Repair broken complete denture base, mandibular ...	44	D6070	Abutment supp. retainer for porc/pred. base FPD	348			
D5512	Repair broken complete denture base, maxillary	44	D6071	Abutment supp. retainer for porc/noble FPD	352			
D5520	Replace missing or broken teeth - complete denture	44	D6072	Abutment supp. retainer for cast high noble FPD	394			
D5611	Repair resin partial denture base, mandibular	44	D6073	Abutment supp. retainer for cast high noble FPD	375			
D5612	Repair resin partial denture base, maxillary	44	D6074	Abutment supp. retainer for cast noble metal FPD	379			
D5621	Repair cast partial framework, mandibular	44	D6075	Implant supported retainer for ceramic FPD	437			
D5622	Repair cast partial framework, maxillary	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412			
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6077	Implant supported retainer for metal FPD – high noble metal alloys	436			
D5640	Replace broken teeth - per tooth	44	D6080	Implant maintenance procedures	31			
D5650	Add tooth to existing partial denture	44	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	32			
D5660	Add clasp to existing partial denture - per tooth	58	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262			
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	144	D6083	Implant supported crown – porcelain fused to noble alloys	262			
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	144	D6086	Implant supported crown – predominantly base alloys	248			
D5710	Rebase complete maxillary denture	130	D6087	Implant supported crown – noble alloys	248			
D5711	Rebase complete mandibular denture	130	D6090	Repair implant supported prosthesis	181			
D5720	Rebase maxillary partial denture	130	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	17			
D5721	Rebase mandibular partial denture	130	D6095	Repair implant abutment, by report	196			
D5725	Rebase hybrid prosthesis	130						
D5730	Reline complete maxillary denture (direct)	80						
D5731	Reline complete mandibular denture (direct)	80						

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D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348	D6930	Re cement or rebond fixed partial denture	35
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422	D6980	Fixed partial denture repair, by report	86
D6100	Surgical removal of implant body	121	Oral Surgery¹		
D6101	Debridement periimplant defect	45	D7111	Extraction, coronal remnants - primary tooth	28
D6102	Deridement and osseous contouring periimplant defect	90	D7140	Extraction, erupted tooth or exposed root	35
D6103	Bone graft repair perimplant defect	300	D7210	Extraction, erupted tooth req. bone cut	67
D6104	Bone graft at time of implant placement	300	D7220	Removal of impacted tooth - soft tissue	76
D6105	Removal of implant body not requiring bone removal or flap elevation	61	D7230	Removal of impacted tooth - partially bony	98
D6190	Radiographic surgical implant index, by report	0	D7240	Removal of impacted tooth - completely bony	121
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	35	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
Bridge & Pontics					
D6210	Pontic - cast high noble metal	248	D7250	Removal of residual tooth roots	71
D6211	Pontic - cast predominately base metal	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	109
D6212	Pontic - cast noble metal	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113
D6214	Pontic - titanium and titanium alloys	248	D7280	Exposure of an unerupted tooth	77
D6240	Pontic - porcelain fused to high noble metal	262	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6241	Pontic - porcelain fused to predominately base metal	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad.	71
D6242	Pontic - porcelain fused to noble metal	262	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad.	71
D6243	Pontic - porcelain fused to titanium and titanium alloys	248	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D6245	Pontic - porcelain/ceramic	280	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D6250	Pontic - resin with high noble metal	248	D7471	Removal of lateral exostosis	176
D6251	Pontic - resin with predominately base metal	248	D7509	Marsupialization of odontogenic cyst	360
D6252	Pontic - resin with noble metal	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7910	Suture of recent small wounds up to 5 cm	30
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7921	Collection application of blood concentrate	20
D6549	Resin retainer - for resin bonded fixed prosthesis	126	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7961	Buccal/labial frenectomy (frenulectomy)	132
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7962	Lingual frenectomy (frenulectomy)	132
D6602	Retainer inlay - cast high noble metal, two surfaces ..	204	D7971	Excision of pericoronal gingiva	66
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	213	D7979	Non-surgical sialolithotomy	22
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	Orthodontics²		
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D8010	Limited ortho. treatment of the primary dentition	3304
D6606	Retainer inlay - cast noble metal, two surfaces	204	D8020	Limited ortho. treatment of the transitional dentition	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D8030	Limited ortho treatment - adolescent dentition	3422
D6608	Retainer onlay - porc./cermic, two surfaces	240	D8070	Comp. ortho. treatment - transitional dentition	3304
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D8080	Comp. ortho. treatment - adolescent dentition	3422
D6610	Retainer onlay - cast high noble metal, two surfaces ..	229	D8090	Comp. ortho. treatment - adult dentition	3658
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	262	D8210	Removable appliance therapy	770
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D8220	Fixed appliance therapy	783
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D8660	Pre-orthodontic treatment visit	413
D6614	Retainer onlay - cast noble metal, two surfaces	229	D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D6720	Retainer crown - resin with high noble metal	248	Adjunctive General Services		
D6721	Retainer crown - resin with predominantly base metal	248	D9110	Palliative treatment of dental pain – per visit	22
D6722	Retainer crown - resin with noble metal	248	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6740	Retainer crown - porcelain/ceramic	280	D9211	Regional block anesthesia	0
D6750	Retainer crown - porcelain fused to high noble metal	262	D9212	Trigeminal division block anesthesia	0
D6751	Retainer crown - porcelain fused to predominantly base metal	262	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6752	Retainer crown - porcelain fused to noble metal	262	D9219	Evaluation for deep sedation or general anesthesia ..	0
D6780	Retainer crown - 3/4 cast high noble metal	235	D9222	Deep sedation/general anesthesia - first 15 minutes ..	52
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	52
D6782	Retainer crown - 3/4 cast noble metal	235	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	19
D6783	Retainer crown - 3/4 porc./ceramic	256	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	52
D6790	Retainer crown - full cast high noble metal	248	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	52
D6791	Retainer crown - full cast predominantly base metal	248	D9310	Consultation (diagnostic service by nontreating dentist)	22
D6792	Retainer crown - full cast noble metal	248	D9610	Therapeutic parenteral drug, single admin.	13

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	Plan Limitations
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
D9910	Application of desensitizing medicament	16	2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
D9930	Treatment of complications (post-surgical)	22	3. One (1) fluoride application every six (6) months, per patient.
D9944	Occlusal guard – hard appliance, full arch	136	4. One (1) set of bitewing x-rays are covered per six (6) months.
D9945	Occlusal guard – soft appliance, full arch	136	5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per visit.
D9946	Occlusal guard – hard appliance, partial arch	136	6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
D9950	Occlusion analysis - mounted case	52	7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
D9951	Occlusal adjustment - limited	33	8. Replacement of a primary stainless steel crown (under age 15), crown, denture or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
D9952	Occlusal adjustment - complete	133	9. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.
D9953	Reline custom sleep apnea appliance (indirect)	158	10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
D9986	Missed appointment	50	11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
D9995	Teledentistry – synchronous; real-time encounter.....	0	12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0	13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
D9997	Dental case management – patients with special health care needs	50	14. One (1) full mouth debridement is covered per lifetime, per patient.
1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.			15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
2. See exclusion #15 and limitation #24 for additional coverage information			16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.			17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
Plan Exclusions Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.			18. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
1. Services which are covered under worker's compensation or employer's liability laws.			19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
2. Services which are not necessary for the patient's dental health as determined by the Plan.			20. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.			21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
4. Oral surgery requiring the setting of fractures or dislocations.			22. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.			23. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
6. Dispensing of drugs.			24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
7. Hospitalization for any dental procedure.			25. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.			
9. Replacement due to loss or theft of prosthetic appliance.			
10. Procedures not listed as covered benefits under this Plan.			
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).			
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.			
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.			
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.			
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.			